

GENDER TRANSITIONING IN RECOVERY

Without an easy check-in-the-box to apply, many substance abuse facilities simply don't know what to with a transitioning individual.

BY DR. RONAYE CALVERT

Picture it: West Hollywood, California, 2016. It was a hot day, white petals fallen from nearby trees lined the pavement and the smell of a freshly lit cigarette filled the air. A teary-eyed and slight individual stood on the red brick patio leading to the front door, a black bag filled with some scattered belongings clenched tightly in hand. We stood for a while, sharing our names and hometowns, discussing traffic and weather, and then embraced and stepped inside. No, this is not *Sophia Petrillo* and this was not a *Golden Girls* flashback. This is **Dr. Ronaye Calvert** and the individual who entered treatment at *Revive Detox* that day changed my life.

The admission process required an extensive conversation by phone and an hour-long drive to get to the facility—a delay caused by both traffic and fear. This IS Los Angeles...need I even explain the traffic? But, the fear was far more difficult to overcome: A fear of judgement, based upon wreckage caused by bad decisions and self-hatred coupled with a string of

well-intentioned treatment facilities whose actions had caused more harm than they could ever know.

During the intake process, I learned that, after painstaking efforts to come to terms with their identity, this individual came to identify as female. While her gender identity was not immediately apparent based upon physical appearance, her identification as female made this an indisputable truth, which proved vexing for the many treatment programs she had previously entered. Particularly troubling is that these programs had advertised themselves as proudly offering LGBTQ-specific treatment tracks. She had been treated as a “gay male,” and thus, placed in bedrooms with males. As a result of ignorance and our treatment industry’s ongoing tendency to place business needs over clinical needs, she endured the same horrific pattern at each new facility: teasing, leading to ridicule, leading to ostracization, and finally, the dreaded moment of being asked to leave the program due to making other residents “uncomfortable.”

The desire to market to an LGBTQ community dealing with deadly substance abuse issues is increasing; however, the necessary expertise and familiarity with the community is not growing at the same pace. Without an easy check-in-the-box to apply, many facilities simply don't know what to with a “transitioning” individual.

As I listened and swallowed the tears building in the back of my throat, I began conjuring my strength and turning my resolve to becoming a part of the solution. I listened particularly for ways in which I could make this treatment experience a productive and corrective one. How could *Revive Detox* be made into a safe home for this individual? While we spoke, she revealed a long-held desire to sleep in a white nightgown with lace trim, ever since watching *The Nutcracker* and being mesmerized by **Clara** floating through the air. Scarce funds coupled with addiction meant priorities had been elsewhere, but had she even able to obtain one, she'd never had a safe place (including home) to wear it. Conversations centered around desires like this one were squashed quickly in other programs. Should it be that outlandish or inappropriate to honor the needs of an individual when we are advertising ourselves as “individualized” treatment programs?

That evening we made certain our client slept in her very first white cotton nightgown with lace trim.

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Months later, I was arriving at the facility to introduce myself to the members of a visiting AA panel, when I heard a familiar voice call out to me from the patio. Stunned, I was greeted by my former client's beaming face. After another embrace, she related that the experience at our facility had begun a new pattern of better decision-making, improved self-acceptance and, at least for those months, continued sobriety.

I don't share this story to pat myself or our facility on the back, and it must be noted that there are many colleagues of mine who serve clients such as this with compassion and care just as we do. I share this because LGBTQ is not a buzz-word, nor a ready-made target for marketing. No, it is an identification that needs to be not only recognized, but celebrated. Caring for members of this community is a privilege and cannot be seen as a burden.

To my peers and colleagues, I ask that you truly educate yourselves. The LGBTQ community is ready and willing to teach you. To our LGBTQ community of clients and potential clients, I ask that you continue to self-advocate until our treatment industry catches up to you. My hope is that one day we will all achieve our own version of a safe home, equipped with a white nightgown with lace trim, and people who deeply care about us. ■

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